

FIG. 1

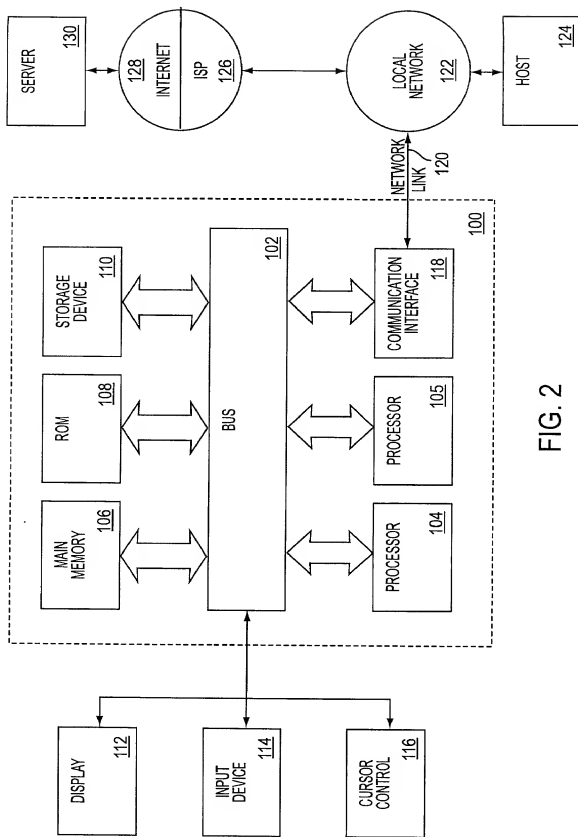
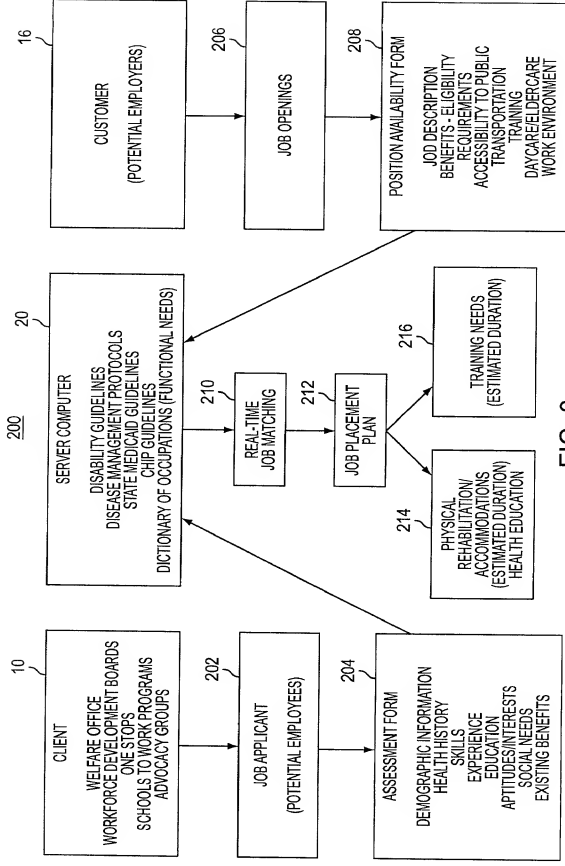


FIG. 2



300

Client Demographics

Case #: 1987435670 Telephone: 312 215-345-5478

Client Name: Susan Brown DOB: 314 05/23/1977

Address 1: 1904-A South Street SSN: 316 318 0014-54-9204

Address 2: Apartment 4-B Preferred Language: English

City: Philadelphia Married Status: 320 Separated

State: PA Gender: Female

Zip: 10952 Race: American Indian

Lock-in Status: Currently Locked In

1. Do you have any dependent children or other dependents? ☒ Yes ☐ No ☐ Unknown 326

Please list them:

Name	Age	Relationship
Audra Smith	330 4 yrs.	332 Daughter
Bruce Brown	2 yrs.	Aunt
Alicia Brown	1 yr.	Brother-in-Law
		Common-Law Husband
		Common-Law Wife
		Cousin
		Grandfather-in-Law
		Father-in-Law
		Father-in-Law

Demographic	Education/Training	Health History	Work History	Advance/Health

FIG. 4

<div> </div>		<div> </div>	
<div>400</div> <div>Health History</div>			
Case #:	1587435670	402	
Name:	Susan Brown	404	
Primary Provider:	Michael Jones, MD	406	
Health Center:	Patuxent Creek Hospital	408	
1. Are you currently under a provider's care? @ Yes <input type="radio"/> No <input type="radio"/> N/A -409			
Name:	Michael Jones, MD	410	
Address 1:	32 South Street	412	
Address 2:	Suite 203	416	
City:	Philadelphia	State:	PA 19103
1.a. When was your last doctor's visit? 01/05/2000		420	
414 1.b. What was the reason for the visit?		422	
Why?	426	Reason: <input type="radio"/> No <input type="radio"/> N/A -424 Date: <input type="radio"/> No <input type="radio"/> N/A -424 Vaccination: <input type="radio"/> No <input type="radio"/> N/A -424 Check up: <input type="radio"/> No <input type="radio"/> N/A -424 Consult: <input type="radio"/> No <input type="radio"/> N/A -424 Second Opinion: <input type="radio"/> No <input type="radio"/> N/A -424 Other: <input type="radio"/> No <input type="radio"/> N/A -424	
2. Have you required healthcare treatment in the past 12 months?			
3. Do you have a history of any serious illness, such as: -430			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Heart Disease			
Demographic		Education/Training	
Work History		Health History	
Gov't Assistance		Insurance/Health	

FIG. 5A

Case #:	1967435670	~432
Name:	Susan Brown	~434
Country:	Philadelphia	~436

440

Current Plan: Aetna Health Plans	438
Plan Number: 34-321-A8	
Provider Type: General Hospital	442
PPO Name: Michael Jones, MD	
Specialty/Hospital group: Aetna Central & Eastern PA	444
Specialty: Medical Needs:	446

448-

<ul style="list-style-type: none"> Asthma Diabetes Heart Disease High Blood Pressure Kidney Problems Birth Defects Cancer Mental Health Problem Sickle Cell Disease Visually Impaired 	
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Sickle Cell Disease	450
Visually Impaired	

Other Insurance Coverage #1:	452
Other Insurance Policy #1:	454
Other Insurance Coverage #2:	

<u>Demographics</u>	<u>Education/Training</u>	<u>Health History</u>	<u>Work History</u>	<u>Gov't Assistance</u>	<u>Insurance/Health</u>
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FIG. 5B

New Job Applicant		<u>460</u>
INSURANCE AND HEALTH PLAN INFORMATION		
Client Case Number:	23468034	
Client Name:	Roger J. Carmichael	
County:	Philadelphia	
HEALTH COVERAGE Plan ID: <u> </u> Group Number: <u> </u> Date of Eligibility: <u>mm/dd/yyyy</u> Plan Provider Number: <u> </u> Other Insurance Coverage #1: <u> </u> PCP Name: <u> </u> Clinic or Hospital Group: <u> </u> Special Medical Needs: <u> </u>		
Select One: <u> </u> <u>464</u>		
LOWER BACK PAIN INVENTORY		
Client Case Number:	23468034	
Client Name:	Roger J. Carmichael	
County:	Philadelphia	
Do you require lumbar support?	<u>Yes</u> <input type="radio"/> <u>No</u> <input type="radio"/>	<u>466</u>
Has your doctor told you not to?	<u>Yes</u> <input type="radio"/> <u>No</u> <input type="radio"/>	<u>468</u>
To help us place you in the most appropriate position, please indicate if you have any of the following conditions that may affect your ability to perform the job safely: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input checked="" type="checkbox"/> Low Back Pain <input type="checkbox"/> Neck Problems <input type="checkbox"/> Cancer <input type="checkbox"/> Birth Defects		
462 <input checked="" type="checkbox"/> <u>462</u> Do you have: <input type="checkbox"/> Twisting <input type="checkbox"/> Bending <input type="checkbox"/> Light Lifting <input type="checkbox"/> Medium Lifting <input type="checkbox"/> Heavy Lifting <input type="checkbox"/> Sit for prolonged periods (over 15 min) <input type="checkbox"/> Sit in vibrating vehicles		
<div>CONTINUE</div>		

FIG. 5C

Government Assistance Summary

Case #:	1987435670	502
Name:	Susan Brown	504

1. Are you currently receiving any public assistance? ☒ Yes ☐ No ☐ Unknown

[illegible]

FIG. 6A

520

Work History

Case #: 1397435670 522
Name: Susan Brown 524

1. What is the last job you had? Circuit City-PC Repair 526

2. Please describe briefly the job requirements:
Required laptops and desk tops 528

3. Did you receive any on the job training to help you? ☒ Yes ☐ No ☐ N/A — 530

PC repair for IBM, Toshiba, and Dell laptops and desk top PCs. 530

Please describe:
Seasonal Employment
No
No Transportation
Laid Off
Down Sizing
From: 05/01/99 532
Personal 534
Other
No Day Care
Total Time: 7 months 536

4. How long did you work? 534

5. Why did you leave? No Day Care 538

6. Did you have any problems or other issues with that job? ☒ Yes ☐ No ☐ N/A — 540

Demographics Education/Training Health History Work History Gov't Assistance Insurance/Health

FIG. 6B

		542																													
Education and Training																															
Class #:	138743570																														
Name:	Susan Brown																														
		544																													
		546																													
<p>1. What is the highest school grade you have completed? <input type="text" value="12"/> - 548</p> <p>2. Did you receive a diploma or other certificate? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/> Unknown - 550</p> <p>Please list them:</p> <table border="1"> <tr> <td>High School Diploma</td> <td><input type="text"/></td> <td>552</td> </tr> <tr> <td>Vocational School Certificate</td> <td>Computer Operator</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <p>3. Have you had any technical training? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown - 554</p> <p>Please list:</p> <table border="1"> <tr> <td><input type="text"/></td> <td>PCs</td> <td>556</td> </tr> <tr> <td>Small appliance repair</td> <td></td> <td></td> </tr> <tr> <td>Computer Operator</td> <td></td> <td></td> </tr> <tr> <td>Switchboard Operator</td> <td></td> <td></td> </tr> </table> <p>4. Have you received other <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown - 558</p> <p>Please list:</p> <table border="1"> <tr> <td><input type="text"/></td> <td>PC Repair</td> <td>560</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>					High School Diploma	<input type="text"/>	552	Vocational School Certificate	Computer Operator					<input type="text"/>	PCs	556	Small appliance repair			Computer Operator			Switchboard Operator			<input type="text"/>	PC Repair	560			
High School Diploma	<input type="text"/>	552																													
Vocational School Certificate	Computer Operator																														
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Demographics Education/Training Health History Work History Gov't Assistance Insurance/Health																															

FIG. 6C

back reset sign in help contact us become a member

New Job Applicant

PERSONAL INFORMATION

Client Case Number: 23456034 564
 Client Name: Roger J. Carmichael 566
 County: Philadelphia 568

How do you keep busy during the day? 570
 Walk ☐ 570
 Do you have access to a car? 572
 Yes ☐ No ☐ 572
 Do you live near public transportation? 574
 Yes ☐ No ☐ 574

Are you responsible for the care of a child under the age of five? 576
 Yes ☐ No ☐ Not Applicable ☐ 576

Are you responsible for the care of another adult? 578
 Yes ☐ No ☐ Not Applicable ☐ 578

How often in the last week have you felt? 580
 Hopeless ☐ None ☐ Some ☐ A lot ☐ Completely ☐ 580

6

FIG. 6D

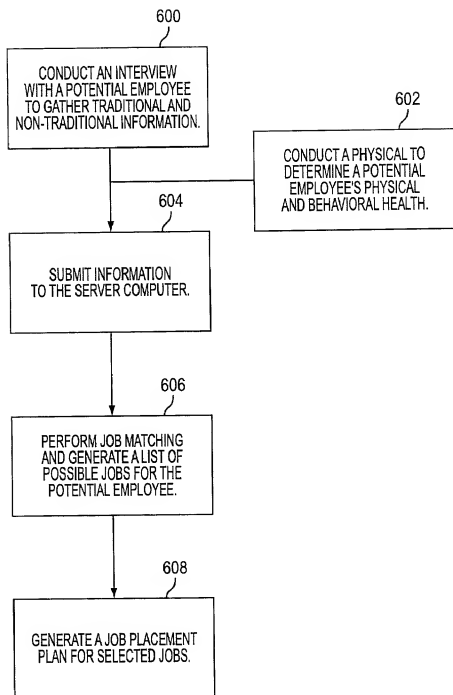


FIG. 7

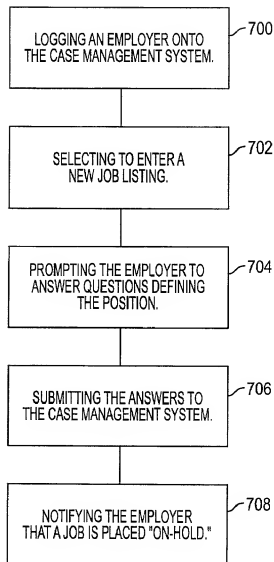


FIG. 8

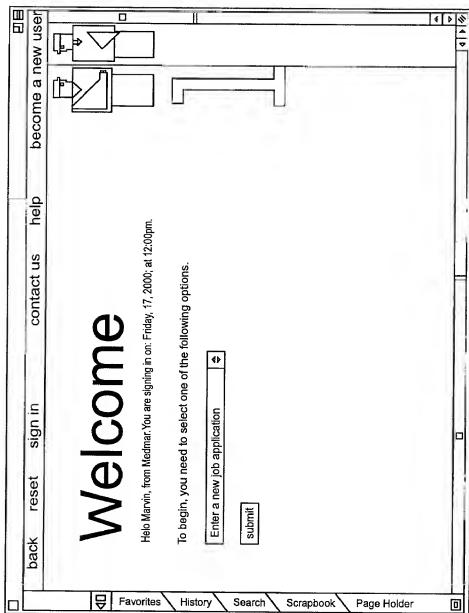




FIG. 9A

- ☐ Lift up to 10 pounds occasionally most of the time
- ☐ Lift up to 20 pounds occasionally frequently (36%) standing to a significant degree
- ☐ Lift up to 50 pounds occasionally frequently (36%) constantly (67% to 100% of the time)
- ☐ Lift up to 100 pounds occasionally frequently (36%) constantly (67% to 100% of the time)

FIG. 9B

New Job

Company Name: Acme Construction 820

Job Title: Clerk/Accounting Clerk 822

Minimum Educational Required: High School Diploma 824

Minimum Skills Required: 826

Skill	Minimum Level:
Reading	6th Grade
Writing	6th Grade
Math	High School
Spelling	6th Grade
Typing	50 w.p.m.
PC/Computer	Beginning

Knowledge of software packages: 828

Word Perfect 5.1/Microsoft Word 97/98	Required	Preferred
Microsoft Office 97/98	Required	Preferred
Spreadsheets	Required	Preferred
Scheduling	Required	Preferred

FIG. 9C

Term	Description
Very Low	Hands are idle most of the time
Low	Frequent pauses, no difficulty keeping up
Medium	Steady motion but leisurely pace - no difficulty keeping up
High	Hands in rapid steady motion
Very High	Constant rapid motion -- difficulty keeping up

Action Required	Frequency	Pace
Use foot controls	850	856
Reach above shoulder	852	
Flex/extend elbow	854	
Rotation of wrist		
Flex/extend wrist		
Deviate wrist		
Pinch/grasp with fingers		
Rubbing hands/arms		
Pounding		

FIG. 9D



 	<u>900</u>
<h1>Job⁹⁰⁶ is logged</h1>	
<p>Job: 2349085349 has been matched, and your account has been charged. The scheduled time for the client interview was:</p>	
<p>January 16, 2001 at 3:15 pm ⁹⁰⁸</p>	
<p>Applicant: John Strong ⁹⁰² 2940850 ⁹⁰⁴</p>	
<div>CONTINUE</div>	

FIG. 10

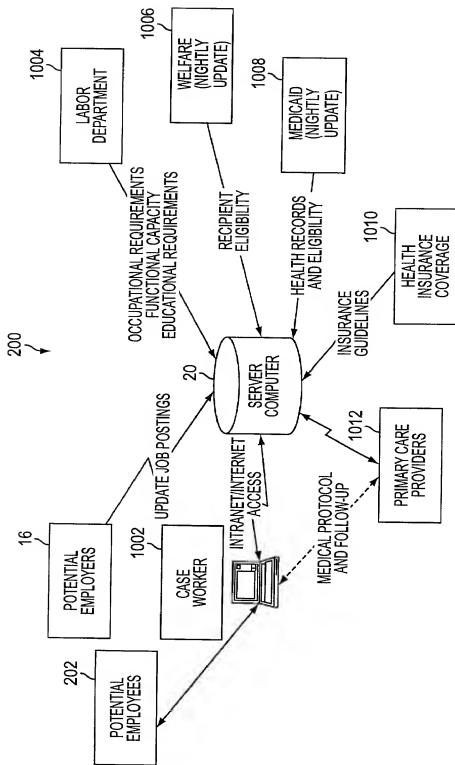


FIG. 11

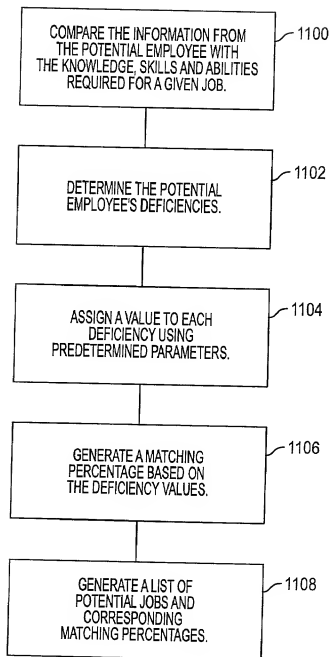


FIG. 12

Job Search Results

1200

Client Case Number:		23458034	
Client Name:		Roger J. Carmichael	
County:		Philadelphia	
Match	1202	1204	1208
	Title	Location	Company
			Job Analysis
100%	System Operator	Philadelphia, Northern Telecom PA	Analysis
95%	Accounting Clerk	Philadelphia, PA	Plan
87%	Research Filing Assistant	Philadelphia, PA	Plan
Next three positions			

FIG. 13A

Job Title:	Clerk/Accounting Clerk:
Location:	Philadelphia, Pa
Depart/Div/SBU:	Customer Service - Amtrak NorthEast
Job Duties:	<ul style="list-style-type: none"> - Types invoices, forms, memos, documents and correspondence pertaining to personnel or accounting. - Supports all record keeping as assigned both in record logs, accounts, inventories and personal computer. - Maintains records related to entitlements for pay, travel meals reimbursement according to Corporate policy and Agreements negotiated with the unions representing Amtrak Employees - Makes entries in log book on entitlements, hand writing entries on each employee about use of entitlements, vacation, personal holidays, leave, sick leave, military duty, jury duty, and bereavement leave when assigned such duties. - Works within the safety Program guidelines by being alert to physical hazards which affect operations, including modification of, recognition of or cessation of operations.
Tasks Performed:	<ul style="list-style-type: none"> - Maintains working familiarity with the TCU Agreement as it relates to Personnel and accounting operations. - Types, files and records accounting transactions, as necessary, distributes selected memos and other

1220

1222

1224

FIG. 13B

Job Analysis

1230

Client Case Number:		23458034	
Client Name:		Roger J. Carmichael	
County:		Philadelphia	
Match	Title	Location	Company
95%	Accounting Clerk	Philadelphia, PA	Amtrak
Deficiency	Job Requirements	Recruitment Recommendation	Action Taken
Lift Capacity: 10lbs.	Lift Capacity: 20lbs.	Physical Therapy	NA
Aversion to stress: 5	High Stress: 10	Stress Reduction Program (two weeks)	NA
No Car/Transportation	Position requires transportation to location	Car pool program: Share-A-Ride	NA

1232

1238

FIG. 13C

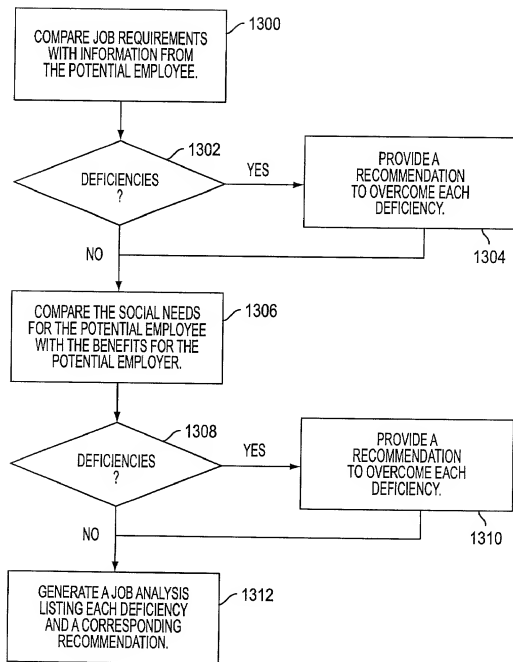


FIG. 14

09821772.071001

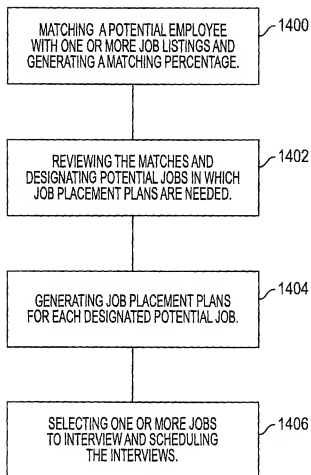


FIG. 15